

Volunteer Signature Sheet

Volunteer Name: _____ **Date:** _____

Please initial to the right of each indicating that you have received, read and understand the accompanying documentation.

Davis County Code of Conduct _____

I acknowledge that I have read and understand the Davis County Volunteers Code of Conduct and that I agree to comply with all of its provisions. I understand that I may be disciplined (which may include not being allowed to volunteer) for violations of this Code of Conduct or other Davis County policies and procedures. I agree to be responsible for County property and equipment issued to me and to pay for property and equipment not returned.

Davis County Personnel Policies and Procedures 350

Pre-employment/pre-volunteer

Alcohol and drug testing notice and consent form _____

As part of the volunteer process, I hereby voluntarily agree to be tested for the presence in my body of controlled substances. I've been given the opportunity to review Davis County's Drug Free Workplace Testing policy. I understand that I must successfully pass a drug test as a condition precedent to my employment/volunteering. Further, I understand that while I am volunteering for Davis County I may be subject to drug testing under certain circumstances specified in the policy.

I agree to report for a drug test at IHC Workmed, 2075 University Blvd. 2nd Floor, Layton 801-776-444 within 24 hours of notification to report for drug testing. I understand and agree that if I do not successfully complete the drug test within 24 hours of receiving the authorization that I may lose the position that has been conditionally offered to me. I further agree to authorize the release of the results of these tests to Davis County. This release will expire six (6) months from the date signed below.

Davis County Employee/Volunteer

Alcohol and drug testing notice and acknowledgement _____

As a condition of my employment or volunteering, I hereby voluntarily agree to be tested for the presence in my body of controlled substances and to comply with the Drug Free Workplace Testing policy. I also agree to report for testing as directed. I've been given the opportunity to review Davis County's Drug Free Workplace Testing policy and request a copy be given to me. I understand this acknowledgement does not create an obligation or contract of employment between Davis County and myself.

I understand that any County employee or volunteer who sells, distributes, or dispenses alcohol or drugs while on County time and/or on County premises, or who refuses to submit to an alcohol or drug test, or who tampers with or adulterates an alcohol or drug test will be terminated. I further agree to authorize the release of the results of these tests to Davis County. I understand that appropriate disciplinary action may be taken if the test is positive. This release will stay in effect for the duration of my employment/volunteering

Davis County Health Department

Tobacco Free Campus Policy _____

I acknowledge that I have read and understand the Tobacco Free Campus Policy and agree to abide by these conditions.

**Davis County Health Department
Volunteer Statement**

STATEMENT OF VOLUNTEER:

As a condition of my being accepted as a volunteer for Davis County Aging Services, I will perform the volunteer duties assigned to me to the best of my ability and in a professional manner.

CONFIDENTIALITY:

I understand that volunteers having access to privileged or confidential information are charged with the responsibility to ensure that this information is released only to those individuals who are duly authorized to receive it.

RELEASE

I understand that the following insurance protection is afforded to me as a volunteer (unsalaried worker), as if I were an employee of Davis County but only for the purposes of:

- A. Medical benefits under Worker's Compensation for any injury sustained by me while engaged in performance of any service.
- B. Properly licensed operation of County vehicles or equipment.
- C. Liability protection normally afforded salaried employees.

The undersigned volunteer hereby releases Davis County, its agents and employees, from any other liability or obligation arising from, or in connection with, the undersigned volunteer's activities with Davis County.

Volunteer Name(Print) : _____

Address: _____

Phone Number: _____

By signing below, I acknowledge that I have received, read and understand the above documents as indicated by my initials for each

Volunteer Signature/ Date: _____